

**APPLICATION FOR PROPERTY TAX CREDIT FOR HISTORIC RESTORATION AND
REHABILITATION - RESIDENTIAL PROPERTIES**

PART III - COMPLETION OF WORK

PROPERTY INFORMATION:

Date Application Filed: _____

Property Address: _____ City: _____ Zip Code: _____

Property Owner Name & Address: _____

Telephone # (Please indicate work, home or cell): _____ E-Mail Address: _____

Will the property be owner occupied? ☐ Yes ☐ No Cost of eligible rehabilitation work: \$_____

*All Part III Applications must include the information described in the Checklist for Part III. **Incomplete applications will not be processed other than to inform the applicant of the deficiencies.***

I, the owner or authorized representative of the property identified above, hereby affirm under penalty of perjury that this application, including any accompanying statements and documentation, has been examined by me, and the information contained herein, is, to the best of my knowledge, true, correct and complete, and that I am authorized to sign this application.

Property Owner Signature

Date

Property Owner Signature

Date

To be completed by the Baltimore County Department of Planning

Work in accordance with Part II certification: ☐ Yes ☐ No Appropriate Building Permits: ☐ Yes ☐ No

Department of Planning Official

Date

To be completed by the Office of Budget and Finance

Tax Credit Amount (20% of Eligible Expense): _____ Beginning FY: _____

Approve: ☐ Yes ☐ No

Budget & Finance Official

Date